

No. 1020

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1620 Office of Registrar of Vital Statistics.

Ward 15 ⁰/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22 87

Full Name of Deceased, Joseph Richardson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, Years, Months, Seven Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 915 S. Charles St
{ Give Street and Number. }

Cause of Death, Cerebral
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Leafield Hill

Date of Burial, July 23 87

Undertaker, Anthony & Sons

Place of Business, N. E. Light

DeLoach Barclay M. D.

Medical Attendant.

Address, 17 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1027

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1621

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Homer

Sex, Male or Female,

{ Cross out the word not required in this line. }

male

Age,

73

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Widower

Occupation,

Farmer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Carroll Co Maryland

Duration of Residence in the City of Baltimore,

Two days

Place of Death,

{ Give Street and Number. }

City Hospital

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Urthral Stricture & Prostatitis

Heart Failure

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Hamstead Carroll Co

Date of Burial,

July 25th/1887

Undertaker,

Stewart & Mowen

Everett C Stuart

M. D.

Place of Business,

215 Park ave

Address,

City Hospital

107 Royal & Boundary ave's

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

4779

No. 1632

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1622 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clement.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum.

Cause of Death, { First (Primary), Second (Immediate), } Dysentery & Enteric Colitis
Ex

Duration of Last Sickness, One wk.

All the above information should be furnished by the Physician.

Place of Burial, Ch. death cemetery

Date of Burial, July 23rd 1887

{ Undertaker, Mrs. J. Brauman, F. J. Flannery M. D.

Medical Attendant.

{ Place of Business, Division St. Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A. 1623

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ellen P. Henrichle

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

female

Age, Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

914 Warner Street

Cause of Death, {

First (Primary),

Premature Birth

(8 mos)

Second (Immediate),

asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23 / 87

Undertaker, Julius Hochler

Place of Business, 127 of Sharp & Co. Street

Address, Cornwall & R

M. D.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. L. Seward

No. 1024

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 164 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Catherine Couson Hodder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

City

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

809 Rowman St.

Cause of Death, {First (Primary), Second (Immediate),}

Tubercular Meningitis

Athemia

our month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 24

Undertaker, Wm. Schaeffer

J. G. Meyer

M. D.

Medical Attendant.

Place of Business, 8 S. Front St. Address,

J. A. E. E. E.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1023

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1625 Office of Registrar of Vital Statistics.

Ward 12⁴

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Link

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}Age, _____ Years, 8⁻ Months, _____ Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincent Inf. Asylum

Cause of Death, {First (Primary), Pneumonia. Second (Immediate), Ex

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Cooper's Cemetery

Date of Burial, July 23.

{Undertaker, Matthias Cadogan

J. J. Flannery M. D.

Medical Attendant.

{Place of Business, 676 Mulberry St. Address, 1701 D St. Hillman.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1026

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1626 Office of Registrar of Vital Statistics.Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George F. BauerSex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

15 yrs Years,7

Months,

Days.

Color,

whiteMarried, Single, ~~Widow or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

15 yrs.

Place of Death,

{ Give Street and Number. }

415 N. Fremont

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dysentery
1 wk.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

July 24 1887

{ Undertaker,

Matthew Cadogan

{ Place of Business,

696 Mulberry St

Address,

226 Mulberry St.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1027

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1627 Office of Registrar of Vital Statistics. Ward 16^{1/4}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Georgine Eubank

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 13 Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 735 Hamburg st

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 735 Hamburg st

Cause of Death, { First (Primary), Second (Immediate), } Measles
Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 24/87

{ Undertaker, J. G. Wall & son Carroll Gibbons M. D.
Place of Business, 746 Columbia address, 833 Chardonson ave
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1027

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1628

Office of Registrar of Vital Statistics

Ward

16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles H. Matthews

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

10

Months,

11

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt. Md

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

710 Warner St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dentition

Convulsions

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 24th 1887

{ Undertaker,

John J. Macker

{ Place of Business,

Paca & Camden

Address,

608 Columbia Co.

J. E. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1629 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22^d July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Elizabeth Peck.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fifty Six (56) Years, Months, Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, No particular occupation.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Maryland.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give Street and Number. } 1338 W. Lombard St. Balto

Cause of Death, { First (Primary), Second (Immediate), } Perityphilitis. (long standing) whole Intestinal Obstruction & Collapse

Duration of Last Sickness, not known. I saw her first on 19th July

All the above information should be furnished by the Physician.

Place of Burial, Mount Hope Cemetery

Date of Burial, July 23rd 1887

Undertaker, Deane & Mitchell W. C. Van Bibber. M. D.

Medical Attendant.

Place of Business, 550 W. Fayette St. Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]